

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

JOHN MCNEIL FOR CONGRESS

ADDRESS (number and street)

6325 FALLS OF NEUSE RD

STE 35-233

Check if different  
than previously  
reported. (ACC)

RALEIGH

NC

27615

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00603506

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

17

Y Y Y Y

2015

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN P MCNEIL

Signature of Treasurer

JOHN P MCNEIL

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

13

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

**JOHN MCNEIL FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	5585.27	5585.27
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	5585.27	5585.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9432.94	9432.94
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	9432.94	9432.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1386.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3494.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 21

Write or Type Committee Name

**JOHN MCNEIL FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

3500.00

3500.00

**(ii) Unitemized.....**

1836.50

1836.50

**(iii) TOTAL of contributions from individuals ▶**

5336.50

5336.50

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

248.77

248.77

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

5585.27

5585.27

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

3494.00

3494.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

3494.00

3494.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

1740.00

1740.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

10819.27

10819.27

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9432.94	9432.94
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9432.94	9432.94

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10819.27
25. SUBTOTAL (add Line 23 and Line 24).....	10819.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9432.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1386.33

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 21

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Kimberly Aspenleiter**

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 23 2016

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Kimberly Aspenleiter**

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
01 27 2016

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Kimberly Aspenleiter**

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 02 2016

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

325.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 21

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Kimberly Aspenleiter**

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**Kimberly Aspenleiter**

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

510.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 02 / 2016

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

160.00

☐ Memo Item

In-kind - Cupcakes and Trail Mix for Campaign Kick-off

Full Name (Last, First, Middle Initial)

**Kimberly Aspenleiter**

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed & Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1510.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 12 / 2016

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1185.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed &amp; Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

1040.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kimberly Aspenleiter

Mailing Address PO Box 1895

City

Southern Pines

State

NC

Zip Code

28388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Equine Feed &amp; Supply

Occupation

Owner/Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mary Nance

Mailing Address 3121 Hunters Bluff Drive

City

Raleigh

State

NC

Zip Code

27606-9628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McNeil Law Firm

Occupation

Office Manager

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1690.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Nancy Novell

Mailing Address 1105 Hemingway Dr

City

Raleigh

State

NC

Zip Code

27609-6025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Food Bank of Central and E NC

Occupation

Executive Assistant

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2016

Transaction ID : SA11Al.4132

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

3500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 21

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL****A.**Mailing Address 6325 FALLS OF NEUSE RD.  
SUITE 35-233

City	State	Zip Code
RALEIGH	NC	27615

FEC ID number of contributing  
federal political committee.**C** H6NC13046Name of Employer  
McNeil Law FirmOccupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2764.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2016

**Transaction ID : SA11D.4253**

Amount of Each Receipt this Period

70.41

☐ Memo Item

In-kind - Campaign Materials/Office Supplies

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL****B.**Mailing Address 6325 FALLS OF NEUSE RD.  
SUITE 35-233

City	State	Zip Code
RALEIGH	NC	27615

FEC ID number of contributing  
federal political committee.**C** H6NC13046Name of Employer  
McNeil Law FirmOccupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2814.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

**Transaction ID : SA11D.4246**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL****C.**Mailing Address 6325 FALLS OF NEUSE RD.  
SUITE 35-233

City	State	Zip Code
RALEIGH	NC	27615

FEC ID number of contributing  
federal political committee.**C** H6NC13046Name of Employer  
McNeil Law FirmOccupation  
Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2867.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		24		2016

**Transaction ID : SA11D.4257**

Amount of Each Receipt this Period

53.36

☐ Memo Item

In-kind - Campaign Materials

**SUBTOTAL** of Receipts This Page (optional).....

173.77

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 21

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL**

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2917.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2016

Transaction ID : SA11D.4244

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL**

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3242.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11D.4245

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

75.00

**TOTAL** This Period (last page this line number only).....

248.77

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 21

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL**

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.

**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

204.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 17 / 2015

Transaction ID : SA13A.4250

Amount of Each Receipt this Period

204.00

☐ Memo Item

PO Box Fee

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL**

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.

**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1944.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA13A.4236

Amount of Each Receipt this Period

1740.00

☐ Memo Item

Initial Filing Fee - NC State Board of Elections

Full Name (Last, First, Middle Initial)

**JOHN P MCNEIL**

Mailing Address 6325 FALLS OF NEUSE RD.

SUITE 35-233

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.

**C** H6NC13046

Name of Employer

McNeil Law Firm

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2694.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 24 / 2015

Transaction ID : SA13A.4247

Amount of Each Receipt this Period

750.00

☐ Memo Item

Website Fee

**SUBTOTAL** of Receipts This Page (optional).....

2694.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d  
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**JOHN MCNEIL FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JOHN P MCNEIL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 17 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		<b>Transaction ID : SA13A.4208</b>	
City RALEIGH	State NC	Zip Code 27615	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C H6NC13046		<input type="checkbox"/> Memo Item	
Name of Employer McNeil Law Firm	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3217.77		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOHN P MCNEIL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 23 / 2016	
Mailing Address 6325 FALLS OF NEUSE RD. SUITE 35-233		<b>Transaction ID : SA13A.4205</b>	
City RALEIGH	State NC	Zip Code 27615	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C H6NC13046		<input type="checkbox"/> Memo Item	
Name of Employer McNeil Law Firm	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3742.77		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		<input type="checkbox"/> Memo Item	
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		800.00	
<b>TOTAL</b> This Period (last page this line number only).....		3494.00	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN MCNEIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

State of North Carolina - Dept of Administration

Mailing Address 1306 Mail Service Center

City

State

Zip Code

Raleigh

NC

27609-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

1740.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2016

Transaction ID : SA15.4204

Amount of Each Receipt this Period

1740.00

☐ Memo Item

Refund of Initial Filing Fee due to ReDistricting

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1740.00

1740.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Hewitt Campaigns**

Mailing Address 543 Doorley Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2016

City	State	Zip Code
Sidney	OH	45365

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
ConsultingCategory/  
Type☐ Memo Item

Transaction ID : SB17.4269

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. MarketNow**

Mailing Address PO Box 2206

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2015

City	State	Zip Code
Southern Pines	NC	28388

Amount of Each Disbursement this Period

750.00
--------

Purpose of Disbursement  
WebsiteCategory/  
Type☐ Memo Item

Transaction ID : SB17.4248

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. NC State Board of Elections**

Mailing Address 441 North Harrington St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2015

City	State	Zip Code
Raleigh	NC	27603

Amount of Each Disbursement this Period

1740.00
---------

Purpose of Disbursement  
Initial Filing Fee - District 13Category/  
Type☐ Memo Item

Transaction ID : SB17.4239

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4490.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. NC State Board of Elections**

Mailing Address 441 North Harrington St

Date of Disbursement

M M	D D	Y Y Y Y
03	22	2016

City	State	Zip Code
Raleigh	NC	27603

Amount of Each Disbursement this Period

1740.00
---------

Purpose of Disbursement  
Re-Filing Fee - District 02Category/  
Type☐ Memo Item

Transaction ID : SB17.4273

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Slick Communications**

Mailing Address 2115 Rolling Acres

Date of Disbursement

M M	D D	Y Y Y Y
02	12	2016

City	State	Zip Code
Youngsville	NC	27596

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Yard Sign DepositCategory/  
Type☐ Memo Item

Transaction ID : SB17.4265

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Slick Communications**

Mailing Address 2115 Rolling Acres

Date of Disbursement

M M	D D	Y Y Y Y
02	29	2016

City	State	Zip Code
Youngsville	NC	27596

Amount of Each Disbursement this Period

980.21
--------

Purpose of Disbursement  
Yard Signs - Balance DueCategory/  
Type☐ Memo Item

Transaction ID : SB17.4267

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3720.21

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOHN MCNEIL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. The UPS Store**Mailing Address 6325 Falls of Neuse Rd  
Ste. 35

City Raleigh State NC Zip Code 27615

Purpose of Disbursement  
PO Box Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

204.00
--------

☐ Memo Item

Transaction ID : SB17.4251

**B. VistaPrint**

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2016

Amount of Each Disbursement this Period

244.48
--------

☐ Memo Item

Transaction ID : SB17.4259

**C. VistaPrint**

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421

Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2016

Amount of Each Disbursement this Period

188.09
--------

☐ Memo Item

Transaction ID : SB17.4268

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

636.57

8846.78

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 17 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4250

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.  
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

204.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

204.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 17 / 2015

Date Due

M M / D D / Y Y Y Y  
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

204.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 18 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4236

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.  
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

1740.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1740.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 18 / 2015

Date Due

M M / D D / Y Y Y Y  
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1740.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 19 OF 21

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4247

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.  
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

750.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

750.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
12 / 24 / 2015

Date Due

M M / D D / Y Y Y Y  
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

750.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 20 OF 21

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4208

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.  
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 17 / 2016

Date Due

M M / D D / Y Y Y Y  
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

300.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 21 OF 21

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4205

JOHN MCNEIL FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

JOHN P MCNEIL

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

6325 FALLS OF NEUSE RD.  
SUITE 35-233

City

State

ZIP Code

RALEIGH

NC

27615

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 23 / 2016

Date Due

M M / D D / Y Y Y Y  
as available

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

3494.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.